

treatment planning & client education HELPING CLIENTS WITH CHRONIC CONDITIONS REQUIRES MASSAGE THERAPISTS TO EDUCATE CLIENTS

ON THE IMPORTANCE OF FOLLOWING A TREATMENT PLAN

Treatment is as treatment does. There is a great deal of truth in this homage to Forrest Gump. We may become the most educated clinical orthopedic therapists that we can. We can read every book on anatomy, physiology, kinesiology, assessment and treatment, as well as attend every continuing education technique workshop. But if we do not become skilled at treatment planning and client education, all of our work may be for naught.

Ultimately, all of our knowledge and skill will only help our clients if we are able to develop an effective and appropriate treatment plan, and if we can educate the client about the importance of following that plan. Ultimately, the only treatment that matters is the treatment that is carried out.

TREATMENT PLANNING

When we think about treatment planning, we usually think of the components of the session: what strokes to use, whether to include heat, stretching and perhaps joint mobilization. Just as important to the success of a treatment plan, however, are the frequency and duration of care that is delivered.

AMTA RESOURCE

For more on muscle tone and muscle memory, see the "Body Mechanics" column "What is Muscle Memory" in the Spring 2009 issue of the mtj.

It's usually thought that the severity of the client's condition is the major factor to consider when determining how long it might take to improve a client's problem. However, more important than severity is chronicity. In other words, how long the client has had the condition. There is an adage in the world of musculoskeletal health that states that it takes half as long as a problem has been present to heal it. This is a gross generalization, but it does reflect the idea of chronicity as the major factor to consider when working with a musculoskeletal pathologic condition.

CHRONICITY

The importance of chronicity can be seen when evaluating tight muscles and restricted joint motion—the two most common conditions treated when doing clinical orthopedic work. Muscle tone is controlled by the nervous system (except for myofascial trigger points, which are local phenomena). The longer that musculature is tight, the more entrenched the nervous system pattern for muscle tightness becomes (Figure 1).

Greater chronicity also leads to increased fascial adhesions within the tissues. Compounding this problem is the fact that the client's problem is usually more chronic than what they indicate because in the early stages of the condition their body compensated by shifting physical stress to other structures. It's only after their compensation mechanisms fail that the client becomes symptomatic and aware of the problem.

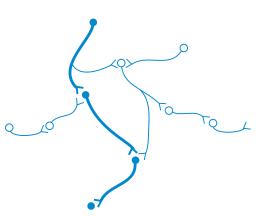
This may be weeks, months, or even years later. And at this point in time, the problem is more complicated because it now involves not only the original problem, but also the failed structures that were compensating. Our job is to rehabilitate a body that is invested and entrenched in its chronic unhealthy pattern. This is where the importance of frequency and duration of care becomes so crucial.

FREQUENCY OF CARE

In the world of massage therapy, it seems that the care frequency of "once a week" is considered to be the gold standard. Massage therapists are usually very happy that a client is coming in every week! However, when it comes to rehabilitative clinical work, once a week is rarely sufficient.

Consider every other health care and athletic discipline: chiropractic, physical therapy, occupational therapy and athletic training—all employ treatment plan frequencies of two to three treatments per week for rehabilitative care of a condition. Learning an athletic skill is similar: if a person wants to become an excellent golfer, soccer player or tennis player, they need to take lessons two or three times a week or more. Simply put, rehabilitation of the musculoskeletal system requires frequent repetitive treatment and/or training if a new pattern is to be learned and embraced.

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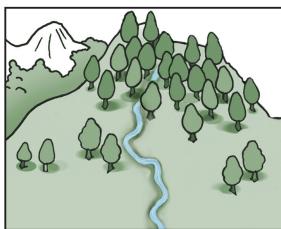


FIGURE 1 The pattern of neuronal connections being made is analogous to water etching a deeper and deeper pathway into the side of a mountain over a period of time.

It is only after their compensation mechanisms fail that the client becomes symptomatic and aware of the problem...

Why is once a week so commonly employed? Perhaps it is because the client states that he or she does not have enough money to pay for more frequent care, and the therapist feels guilty asking the client to come in more frequently. Or perhaps it's recommended because the therapist does not realize the value of the increased frequency of care. Either way, if the best interests of the client are being considered, more frequent care should be recommended.

Why? After an effective treatment session, the client's condition usually improves. But this improvement is often temporary, and with each passing day after the treatment, the client regresses as their pattern of muscle tightness gradually returns. By the time one week has passed, the client's condition has usually regressed all the way or nearly all the way to their status before the previous treatment. As a result, once a week care often ends up being an

ineffective use of the client's time, money and effort.

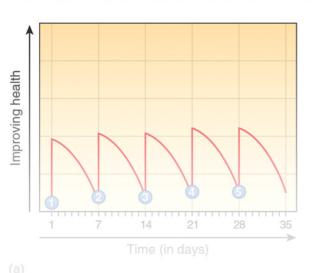
In fact, it's likely that after a period of time, the client will become convinced that massage therapy does not help, and choose to discontinue care. If instead the client is asked to return every two, three or four days, each successive treatment can build on the previous one and real progress can be made (Figure 2). The result is that the client improves much more quickly, spends less money over all, and the therapist has a more successful practice.

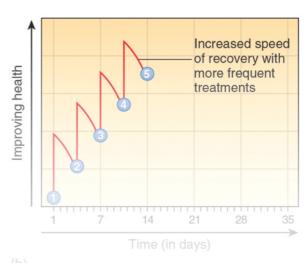
Having the client understand the importance of frequency of care can only occur if we do a good job of client education. Visually describing the typical progress for less versus more frequent care as shown in Figure 2 can be very helpful.

DURATION OF CARE

In addition to frequency of care, the other key factor is the duration of the treatment plan. Clients often judge their health by how they feel. When they feel better, they assume that they are all better and therefore discontinue care. From their subjective point of view, wherein they are evaluating only their symptoms of pain and discomfort, this is a reasonable thing to do.

The problem is that there is usually a lag between how clients subjectively feel and the objective health of their musculoskeletal system. Even though a client feels better, the condition may still be present—its severity has





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